PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Option	Docket Number (Optional)	
	FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 20	019934-003720US			
Application Number 10/732,897			Filed December 9, 2003		
For	SUBSTITUTED PIPERAZINES				
Art Unit 1624			Examiner Emily B. Bernhardt		
	is a request under the provisions of 37 CFR 1.136 cation.	(a) to extend the po	eriod for filing a reply in	the above identified	
The	requested extension and fee are as follows (check	time period desire	d and enter the approp	riate fee below):	
		<u>Fee</u>	Small Entity Fee	!	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
\boxtimes	Applicant claims small entity status. See 37 CFF	R 1.27.			
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.				
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430				
	WARNING: Information on this form may become publ Provide credit card information and authorization on P	ic. Credit card inform TO-2038.	nation should not be inclu	uded on this form.	
1 a	m the applicant/inventor.				
	assignee of record of the entire Statement under 37 CFR 3.				
	attorney or agent of record. Re	gistration Number	37,369		
	attorney or agent under 37 CFF Registration number if acting un	R 1.34. nder 37 CFR 1.34		_	
Lill B. France Signature			April	29 , 2009 Date	
				472 5000	
William B. Kezer, Reg. No. 37,36 Typed or printed name		9	(925) 472-5000 Telephone Number		
NOTE	:: Signatures of all the inventors or assignees of record of the enti gnature is required, see below.	ire interest or their repre	sentative(s) are required. Su	bmit multiple forms if more th	
	Total of farme area	euhmitted			